L19000267747

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	7)
Certified Copies	_ Certificate	se of Statue
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		3/4/21
Special Instructions to	Filing Officer:	
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March 11, 2021

ROY W SCOTT JR 2348 PROSPERITY BAY CT PALM BEACH GARDENS, FL 33410

SUBJECT: MEMORIAL FOUNDATION SOLUTIONS LLC

Ref. Number: L19000267747

We have received your document for MEMORIAL FOUNDATION SOLUTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

D O DOW 0005 M H 1 1 2004

Letter Number: 621A00005208

COVER LETTER

Registration Section

TO:

Divi	sion of Cor	porations		
	Memorial I	Foundation Solutions, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
				· ·
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	· 25
Please return	all correspo	ondence concerning this matter	to the following:	
		Roy W Scott Jr		
		Name of Person		
		Memorial Foundation Solu	itions LLC	
Firm/Company				
		2348 Prosperity Bay Ct		
Address				
		Palm Beach Gardens, Fl 3	3410	
		Rusty.Scott@comcast.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For further in	formation c	oncerning this matter, please ca	all:	
Rusty Scott			954 649-0152	
Name of Person		at () Area Code Days	time Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of C	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

RECEIVED

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Memorial Foundation Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Catherine B. Scott Name of New Registered Agent: 2348 Prosperity Bay Ct. New Registered Office Address: Enter Florida street address Florida 33410
Zip Code Palm Beach Gardens

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Catterin B. Scott
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Catherine B. Scott	2348 Prosperity Bay Ct, Palm Beach Gardens, FI 33	4]t
			□Remove
			□Change
Mgr	Catherine E. Scott	2348 Prosperity Bay Ct, Palm Beach Gardens, Fl 33	411 □Add
			= Remove
			□Change
 			□Add
			□Remove
			□Change
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			□Change